

## Update July 2011

Many of you will already be aware of the review of vascular services across Cheshire and Merseyside which started in 2010.

The review – which is only concerned with arterial surgery (aortic, carotid and peripheral) and the endovascular repair of aortic aneurysms – was set up to change how services are arranged and improve outcomes for patients.

Research shows that patients' chances of survival and improved quality of life after treatment are greatest when they are treated by a highly trained specialist team working in a large centre which deals with a higher number of surgical procedures.

The review is not looking at anything other than the services listed above. There is no intention to change the location of outpatient clinics, initial investigations, surgery for venous disease, low risk angioplasty and follow-up – all of which will continue to be provided at local hospitals, as long as they meet the necessary quality standards.

### **What has been achieved so far?**

A Clinical Advisory Group developed draft clinical standards for the hospitals which currently treat vascular patients. The Cheshire and Merseyside Vascular Review Project Board then agreed the criteria by which it would select hospitals to be arterial centres, if there were several over-lapping applications in the same area:

1. Compliance with clinical standards.
2. Maximum degree of co-location with inter-dependent clinical services e.g. renal services.
3. Close to where people live, with good public transport links.
4. Lowest investment required to bring about the changes.

In practice we have not had to apply these criteria because there is now only one potential network in each part of Cheshire and Merseyside. Instead, we have reviewed each potential network to ensure it meets the clinical standards.

### **Talking to patients and their carers**

We then sought the views of patients, their families and carers, as well as those of members of the general public. This is an extremely important part of the review process as is

engagement with NHS staff, Health Overview and Scrutiny Committee members and other local stakeholders.

Some of you may have attended the patient engagement event held in Warrington in February of this year, or completed the on-line survey, asking for your views about what you considered to be the top priorities when it came to deciding how arterial surgical services should be configured in the future.

### **Further engagement**

A similar event to the one described above was held for NHS staff. We also presented our proposals to the Health Overview and Scrutiny Committees of every local authority in Cheshire and Merseyside and briefed three members of parliament.

We obtained views from 1,452 members of the public and from 558 staff members, resulting in a total of 2,010 people responding to questions about the future of arterial surgery in Cheshire and Merseyside between January and February of this year.

Some clear results emerged from both the face-to-face meetings and the internet survey:

- The need for change to improve service quality is universally accepted.
- The approach that we are taking is understood and supported. People agreed with the quality standards and the selection criteria.
- There is understandable concern about access to local services, loss of revenue for hospital trusts, issues for specialist staff moving to high volume centres and wider workforce planning issues.
- Most people would be prepared to travel to receive high quality care. 65% of respondents to the internet survey marked patient safety as their highest priority in selecting arterial centres, ahead of 17% who have local access as top priority.

### **Which hospital trusts may become arterial centres?**

An important goal of the vascular review is to identify the high volume centres at which arterial surgery will in future be carried out.

In March 2011 we asked groups of hospital trusts which believed that they meet the standards for accreditation to apply for designation as arterial centres. The applications were first scrutinised by a panel of independent clinicians and, separately, by PCTs and GP commissioners from across Cheshire and Merseyside. The Project Board then reviewed the recommendations.

We received four applications:

- Aintree University Hospitals
- Royal Liverpool & Broadgreen University Hospitals
- Countess of Chester Hospital and Wirral University Teaching Hospitals – this was a joint application to form the South Mersey Vascular Network with Chester as the arterial centre.
- Warrington & Halton Hospitals and St Helens & Knowsley Teaching Hospitals – this was a joint application to form the Mid Mersey Vascular Network with Warrington as the arterial centre.

Based on the evidence available about clinical safety, geography and the co-location of interdependent services, and taking into account the expert opinions of the two advisory groups, the Project Board believes that two arterial centres would be optimal. This also reflected the high priority given to patient safety during the public engagement exercise.

Since then both Aintree and Royal Liverpool Hospital Trusts have agreed to develop a joint arterial network the details of which are being worked on. Work on the detail of the South Mersey application continues with a view to recommending acceptance once the remaining issues are resolved.

In respect of the Warrington/St Helens & Knowsley application, clinical advisors and commissioners were unanimous in their view that the Mid Mersey application should not be approved. This was because specialist staffing numbers and activity levels in the carotid endarterectomy fell below the minimum standard required for an arterial centre.

Taking into account the results of the public engagement exercise at the beginning of the year, and the high priority given to patient safety, the Project Board concluded that the Mid Mersey application did not satisfy the first criterion to become an arterial centre i.e. meeting clinical standards. Subject to further consultation, the Project Board will not be recommending that this vascular network is commissioned.

Warrington Health Consortium is organising an independent review of the implications of non-designation as an arterial centre on wider aspects of Warrington Hospital's work.

### **What will happen next?**

Work carries on to resolve outstanding issues with the other hospital trusts which submitted applications. We hope to complete this work in the autumn.

Once this is done, the Project Board will make recommendations which will then be discussed with local Health Overview and Scrutiny Committees before being finalised. These recommendations will be passed to commissioners for consideration and a final decision.

**We will continue to keep you informed about developments. In the meantime, if you have any queries about the content of this update, please contact Jo Stringer, Head of Communications and Engagement for the North West Specialised Commissioning Group, on 01925 406017, 07824 639605 or email her: [jo.stringer@nwsct.nhs.uk](mailto:jo.stringer@nwsct.nhs.uk)**